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T-461 P.005/005 F-756

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PTO/SB/82 (01-08)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/762,869
Filing Date	January 21, 2004
First Named Inventor	Elliot Gottfurcht
Art Unit	
Examiner Name	
Attorney Docket Number	004346.P001DC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Elliot Gottfurcht		
Date	12.18.06	Telephone	310.466.1891

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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